

(1) PLACE OF BIRTH

County of Chesterfield
 Township of Society Hill
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 13520
 Registered No.
 (For use of Local Registrar)

Registration District No. 1205

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Flora Johnson (If child is not yet named, make supplemental report as directed)

(a) SEX OR CHILD Girl (b) Twin or Triplet L (c) Number in order of birth L (d) Are Parents Married Yes (e) DATE OF BIRTH Feb 7, 1923
 (Name of Month) (Day) (Year)

FATHER.

(a) FULL NAME Haller Johnson
 (b) PRESENT POSTOFFICE OF FATHER Society Hill, R. 3
 (c) COLOR OR RACE Negro (d) AGE AT LAST BIRTHDAY 27 (Year)
 (e) BIRTHPLACE Chesterfield Co.
 (f) OCCUPATION Farmer

MOTHER.

(a) NAME BEFORE MARRIAGE Rena McDonald
 (b) PRESENT POSTOFFICE OF MOTHER Society Hill, R. 3
 (c) COLOR OR RACE Negro (d) AGE AT LAST BIRTHDAY 28 (Year)
 (e) BIRTHPLACE Chesterfield Co.
 (f) OCCUPATION House of farm work
 (g) Number of children of this mother now living, including present birth 6

(h) Number of children born to mother, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive St. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Godfrey

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Society Hill R. 3

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed (28) (29) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.